

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572663

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3				2		
4						
5						
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11						
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14						
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16						
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19						
20			1			
21				1		
22				2		
23						
24						
25			1			
26				1		
27				2		
28						
29						
30						
31						
32			1			
33				1		
34						
35						
36			1			
37				1		
38						
39						
40						
41			1			
42				1		
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	11	←		←
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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59			1			
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						